

Texas Department of Health
PO Box 149200
Austin TX 78714-9200



Product Safety Division
Bedding License Application
(512) 834-6773

7C709-066

Company Name: _____ Tax ID: _____

Using the tables on the back, complete the information below. You will enter the estimated Texas Gross Sales Volume (use the letter indicator **A-T**) and the corresponding Fee Amount. Do this for each license for this location. If you have more license categories than the space allows, copy this table on to another page and enter the extra categories. Add the total from the extra page to the total from this page and write in the 'Total Amount Due' area. Staple the extra page to this document. The total amount due is your fee for all licenses for this location. All licenses for this location will expire on the same date.

PLEASE REFER TO THE TABLES ON BACK TO CALCULATE YOUR SALES AND FEES PER LICENSE

License Type	*Uniform Registry No. (Another State's License)	This Year's Estimated Sales Begin and End Dates	Category A-T	Fees\$\$\$.	\$\$
		Thru			
		Thru			
		Thru			
		Thru			

* **If you are using a uniform registry number from another state, you must send a copy of the license from that state and two law labels.**

Germicidal Treatment license must give name chemical used (circle one): Sterifab or Microban X580 (with florescent tracer)

(Sum all of the Fees listed here, and on extra pages, to get your total)

Total Amount Due: \$ _____

Owner(s)**:

Officer(s)**:

Location Address (Address, City, State, Zip):

Billing Address (Address, City, State, Zip):

Phone#:

Phone#:

** If there is not enough space, list additional information on a separate paper and attach it to this document.

MAKE CHECKS PAYABLE TO "TEXAS DEPARTMENT OF HEALTH". MAIL BACK IN THE RETURN ENVELOPE PROVIDED ALONG WITH YOUR REMITTANCE.

THE ANSWERS GIVEN IN THIS APPLICATION ARE HEREBY DECLARED TO BE TRUE AND ARE IN COMPLIANCE WITH THE TEXAS BEDDING LAW, CHAPTER 345, HEALTH AND SAFETY CODE AND TDH REGULATIONS IN 25 TAC §205.1-17.

DATE: _____ **SIGNED:** _____

**MAKE CHECKS PAYABLE TO “TEXAS DEPARTMENT OF HEALTH”
MAIL BACK THE RETURN ENVELOPE PROVIDED ALONG WITH YOUR REMITTANCE.**

NOTE: A separate license is required for each specific business activity.

LICENSE TYPE	DESCRIPTION	TABLE	CATEGORY
Manufacturer	Mattress and box spring manufacturer (all new materials)	Table 1	A-G
Mattress Renovator	Renovator of mattresses and box springs for resale	Table 1	A-G
Bedding Products	Bedding products (pillows, comforters, sleeper sofas, etc. from new materials)	Table 2	H-P
Renovator	Renovator of bedding products for resale	Table 2	H-P
Germicidal Treatment	Sanitization of used bedding	Table 3	R
Processor	Processor of filling materials used in bedding products	Table 3	S
Importer	A business that sells or distributes in the state of Texas bedding or filling materials manufactured or processed out side the United States	Table 2	H-P
Distributor	A business that sells or distributes in the state of Texas bedding or filling materials	Table 2	H-P
Wholesaler	A business that sells or distributes outside the state of Texas bedding or filling materials	Table 2	H-P
Arts & Crafts	A person who manufactures bedding articles (other than mattresses), has no paid employees, and produces less than 250 articles per year for sale in Texas	Table 3	T

TABLE 1 LICENSE TYPES

Mattress Manufacturer		Mattress Renovator
Category	Number of Articles	License Fees \$\$\$
A	0 to 999	100.00
B	1,000 to 4,999	150.00
C	5,000 to 9,999	200.00
D	10,000 to 14,999	300.00
E	15,000 to 24,999	400.00
F	25,000 to 49,999	600.00
G	OVER 50,000	\$600.00 plus \$.03 for each article over 50,000

TABLE 2 LICENSE TYPES

Bedding Products		Distributor
Wholesaler	Importer	Renovator
Category	Number of Articles	License Fees \$\$\$
H	0 to 999	100.00
I	1,000 to 4,999	125.00
J	5,000 to 9,999	150.00
K	10,000 to 14,999	200.00
L	15,000 to 24,999	250.00
M	25,000 to 49,999	350.00
N	50,000 to 100,000	600.00
P	OVER 100,000	\$600.00 plus \$.01 for each article over 100,000

TABLES 1 and 2: Fees are based on individual articles. Tables 1 and 2 listed above show the break down of the fee schedules. On the application you will estimate articles brought into or shipped within the state and pay that fee.

TABLE 3: These categories do not require article counts. Pay the amount shown for your category.

TABLE 3

License Type	Category	Annual Fees
Germicidal Treatment	R	50.00
Processor	S	50.00
Arts & Crafts	T	25.00

I affirm that our corporation meets one of the following conditions (you must check one of the boxes):

- ☐ Texas Franchise taxes are current.
☐ Corporation or business is exempt from payment of Texas franchise tax.
☐ Corporation is an out-of-state corporation and is not subject to the Texas Franchise tax.

Verification: I swear or affirm that all statements on the front and back are true and correct.

(Signed)_____ (Title)_____ (Date)_____

Failure to return both this form and the proper fees or to provide all information required by law will delay registration.